U.S. Department of Labor ... Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penaltiles as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

- QIMS OF	
1 File Number U 9909	2 Fiscal Year Covered From
	[]/[/]/2001/ Through []2/[3]/[2001/
3 Name and address of person filing	4 Name file number and address of labor organization
Name Robert L. Hahn	Name OP+CNIA LOCO 109
	Labor Organization File Number 092-996
PO Box Bldg Room No If any	P O Box Building and Room Number if any
Street 446 Ochur Drive	Street 2046 S Main St
City Wadsworth	city Aferon
State Ohro ZIP Code + 4 44281	State 06-0 ZIP Code + 4 4930/
5 Position in labor organization	
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
Name	
Trade Name If any	
PO Box Bldg Room No If any	7 b Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15 Signature and verification. The undersigned declares under penalty of Penjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete. (See the section on penalties in the instructions.)	
Signed Hors /	on 8-15-05 330-334-8030
	Date Telephone Number

Name of Person Filing	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any) Name	9 Business deals with	
Trade Name if any	a Labor Organization b Trust	
P O Box Bldg Room No If any Street	c Employer	
City		
State ZIP Code + 4		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name		
Trade Name if any		
PO Box Bldg Room No If any		
Street	11 b Approximate dollar value of such dealing	
City	12 a Nature of interest held or income received	
State ZIP Code + 4		
	12 b Amount	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (Including trade name if any)	14 a Nature of payment. Frachses Theories for	
Name Local 104 Pens-on Fund	attendance at special carried	
Trade Name If any	in multiplier with person End	
PO Box Bldg Room No If any	Expenses The wred for called attendance at special called attendance at special called meeting to discuss change in multiplier with participants in penson Ind charleston, west	
Street 33 FFLCK /3/Val	Vinginia	
State 06 70 ZIP Code + 4 945/5		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment #157.66	

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